

## APPEAL HEARING REQUEST FORM

## SENATE STANDING COMMITTEE ON APPEALS (SSCA)

KPU recognizes that students have the right to appeal certain decisions to the Senate Standing Committee on Appeals (SSCA). Applications for appeals must be submitted in writing to the Office of the Registrar by email at <u>appeals@kpu.ca</u>. A \$15 non-refundable appeal fee is required at the time of submission. Hearing times vary as the SSCA meets on an as needed basis.

Before making your submission, it is recommended you discuss your situation with an <u>Academic Advisor</u> or your Dean's office.

In order for an appeal to be heard by the SSCA, you must be able to demonstrate that there was procedural unfairness, which means, that established procedures were not followed or improperly applied during the investigation and/or decision-making process. A student may not request an appeal based solely on disagreement with the original decision and/or sanction(s) imposed.

Part I – Student Information				
Student ID:	Last Name:		First Name:	
KPU Email Address:	1		Phone:	
Student Signature:			Date:	
Student Signature.			Date.	
Part II – Course Details (Complete this se				
Subject and Course Number (E.g. ENGL 1100):		Course Title:		
Course CRN:		Section:		
Instructor Name:		Term/Year:		
Part III – Appeal Information				
Please ensure that you have read the rele	vant policy and its p	rocedures. KPU policie	s and procedures can be found online at	
<u>kpu.ca/policies</u> .				
Choose your appeal category:				
Academic Integrity (Policy ST2)				
2 <sup>nd</sup> Stage Grade Appeal (Policy ST3)				
Non-Academic Misconduct (Policy ST7)				
Course Withdrawal under Extenuating Circumstances (Policy ST13)				
Part IV – Important Information to include in your appeal submission				
<ul> <li>A statement of facts relevant to the grounds for review (attach a separate sheet if necessary), including:</li> </ul>				
<ul> <li>all relevant information, including a rationale for your appeal</li> </ul>				
$\circ$ a clear statement of the remedy or relief you are seeking				
A copy of the original decision letter;				
• Any and all relevant documents you intend to rely on in the event an appeal hearing is convened as you will not be permitted				
<ul> <li>to introduce any new documentation at the hearing;</li> <li>Names and contact information of any witnesses you wish to appear at the hearing as these witnesses may be contacted to</li> </ul>				
<ul> <li>Names and contact information of any witnesses you wish to appear at the hir request their attendance.</li> </ul>			earing as these witnesses may be contacted to	

Office Use Only – Office of the Registrar			
Date Received by Office of the Registrar:	Received by:	Appeal Fee Paid:	
Date Sent to SSCA:			
Office Use Only – SSCA Chair			
Met Grounds for Appeal:			
🗆 Yes 🗆 No	SSCA Chair (Signature):		
	SSCA Chair (Print Name):		
	Appeal Hearing Date:		
Copies to:	Policy:	Date Sent:	
Dean's Office	ST2, ST3		
□ Student Rights & Responsibilities Office	ST7		
□ Office of the Registrar (Student Record)	ST2, ST3, ST7, ST13		